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# Vesicular Neoplasm in the Anterior Chamber of the Human Eye.

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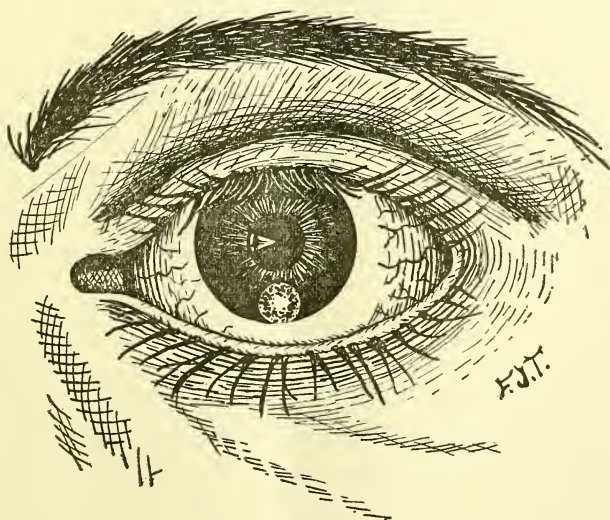
## VESICULAR NEOPLASM IN THE ANTERIOR CHAMBER OF THE HUMAN EYE.

BY JOSEPH SCHNEIDER, M. D., OF MILWAUKEE,

CHAIRMAN OF COMMITTEE ON OPHTHALMOLOGY AND OTOTOLOGY.

Miss K——, age 16, of Wisconsin, consulted me on the twelfth of March, 1892, for a disease of the left eye, giving the following history:

In the summer of '90 she noticed, accidentally, floating before her left eye a black body, and on looking into the mirror discovered that it lay in the eye, and as she expressed it "swimming around in the pupil."



Neoplasma in Anterior Chamber.

The examination showed the vision and functions of both eyes normal. In the lower part or bottom of the anterior

chamber (between the cornea and iris) could be seen a body about half the size of a kernel of wheat, vesicular, semi-transparent in center, with a brownish border. As the patient's head was tilted forwards or to the right or left, the substance would float towards the same direction but always returning to its primary condition at the bottom of the anterior chamber. The character of the structure could be determined neither by corneal microscopy nor by the ophthalmoscope.

On March 13, '92, the foreign substance was removed as follows: One hour before the operation a drop of one per cent. solution of eserine was instilled into the eye to contract the pupil. After the eye was completely anesthetized with cocaine, an incision was made with an iridectomy knife into the cornea, beneath, and a little to the left, of the body. The aqueous humor was allowed to flow out quickly in the hope that the foreign substance would follow, but contrary to expectations, it floated upwards into the top of the anterior chamber, becoming smaller and smaller as its contents seemed to be drained away by the escaping aqueous. It was only after many attempts with contra-pressure and maneuverings with a lens spoon, that I could finally seize it with an iris forceps and extract it. After the extraction, the replacing of the partially prolapsed iris and the instillation of a drop of eserine, an antiseptic bandage was applied. At the evening dressing atropine alone was instilled.

March 14th. In the morning no irritation, but the pupil enlarged, slightly elliptical perpendicularly.

15th. Slight ciliary irritation, pupil inclined to contract, aqueous slightly hazy; atropine, cold compresses and laxatives ordered.

16th. Intense pain in the eye and whole left temporal region, conjunctiva irritated, slightly edematous and hyperemic, pupil medium size, same treatment ordered continued.

17th. All the inflammatory symptoms reduced and no attending pain.

18th. Very severe pain in eye and head, edges of lids swollen, lachrymation, conjunctiva edematous, iris discolored, humor aqueous hazy, tension increased and eye sensitive to the touch. Treatment, calomel, ice compresses, leeches and atropine.

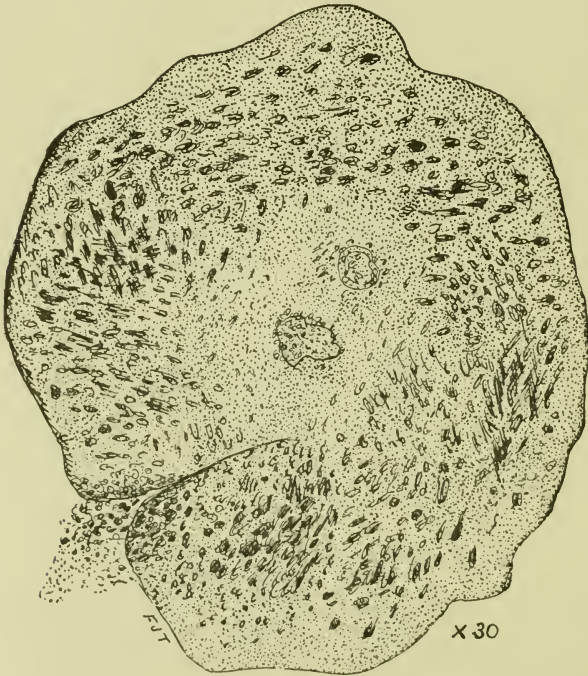
19th. The conditions much improved, and under soothing treatment the progress was each day more and more favorable, and on April 16th the patient was dismissed, the eye wholly recovered, with all functions normal.



This plate shows three large epithelial cells, two pigmented cells or masses of brown pigment and many micrococci.

The extracted neoplasm was placed after its removal immediately in a blood-warm solution of salt; under the microscope, with a small magnifying power, it was globular in shape, dark brown, with a rupture on one side, out of which oozed a brown, cellular, pigmented mass, as shown in Plate 3. Dr. Tower, after examining it, gave the following report:

“The object (vesicle) was deeply pigmented with small particles of brown and black pigment both within the cells, and scattered throughout among the cells and bacteria. Upon injecting about .06 c. c. of a culture on gelatin into the anterior chamber of a rabbit's eye under every precaution to preclude any other organism, it seemed for a day that nothing would come of it, but after twenty-four hours the eye became very inflamed (the rabbit suffered greatly from photophobia) and both eyes were kept closed for about two



The accompanying plate shows the vesicle containing granular matter, micrococci, cells and a fluid. Some material escaped at a rupture, caused by pressing down the cover glass.

days, when it seemed to recover very suddenly, and the eye had regained after a day more its natural appearance. Under a stitch culture of a particle of the vesicle incorporated with a



drop of sterilized distilled water, the growth was very peculiar, fine radiating needles of growth running from every point and in every direction from the stitch. The cells found were all within this vesicle, for the wall had a very homogeneous structure. Said cells do not resemble cells from any part of the eye, either in shape, size, or construction."

The origin of this growth can be from one of two sources, either through the circulation or through the deposition of congenital cells.

Both the clinical and the experimental course show two striking facts, namely: first, that a certain time was necessary for the development of the symptoms of the disease. I am convinced that the unexpected and dangerous symptoms which appeared forty-eight hours after the operation were caused by cell germs, which flowed out of the rupture above mentioned and remained in the eye. Secondly, that the character of the neoplasm was distinctly a contagious form of neoplasm.

